

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

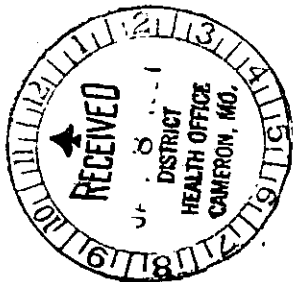
State File No. **11860**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6020** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>Ray County. (Crookedriver)</b> b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b> c. LENGTH OF STAY (In this place) <b>10 Years</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hardin Mo. RR.2.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Hardin Mo R R.2.</b> <b>0890</b> d. STREET ADDRESS (If rural, give location) <b>Nine Miles South West Norborne</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) <b>Edward</b> c. (Last) <b>Rockhold</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 29 1950.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 25, 1892</b>
9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer.</b>	11. BIRTHPLACE (State or foreign country) <b>Carroll County Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>John Rockhold.</b>	
14. MOTHER'S MAIDEN NAME <b>Nannie Evans.</b>		15. NAME OF HUSBAND OR WIFE <b>Anna Rockhold, Hardin, Mo</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		17. SOCIAL SECURITY NO. <b>No</b>	
18. INFORMANT'S SIGNATURE OR NAME <b>Anna Rockhold Hardin Mo</b>		19. ADDRESS <b>Hardin Mo</b>	
15. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b> INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>12-29-1950</b> , to <b>12-29, 1950</b> , that I last saw the deceased alive on <b>12-29, 1950</b> , and that death occurred at <b>1:00</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>B.C. Cole, M.D.</b> (Degree or title)		23b. ADDRESS <b>Norborne Mo</b>	
23c. DATE SIGNED <b>12-29-50</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Dec. 31, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairhaven Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Norborne Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Hutch</b> ADDRESS <b>Norborne Mo</b>	
DATE REC'D BY LOCAL <b>Jan 3-1951</b>		REGISTRAR'S SIGNATURE <b>273</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

John G. Deitch Sr.

Licensed Embalmer No. 3654

P. O. Address Noelme mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.